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PROFESSIONAL DISCLOSURE STATEMENT FOR ESTHER KIM, LICSW, LCSW

This statement is supplied for your information and protection. It provides information regarding my approach to counseling, education, training and credentials, your rights as a client, and my fees.

APPROACH TO COUNSELING: People come to counseling to seek clarity and a sense of control in a midst of confusion. My role as a counselor is to provide a safe and supportive place where clients can come to untangle their thoughts, feelings, or behaviors. I hold faith based practices as a Christian, but am committed to working in a respectful way with clients of all faiths, backgrounds and lifestyles. In addition for therapy to be beneficial, it is important for the client and counselor to agree upon and mutually commit to a general course of action, regardless of the particular approach or technique.

Therapy generally consists of three, possibly four, “phases.” Phase one will primarily consist of listening to and understanding the client’s (or clients’) current situation, problem, pain, crisis, or dilemma. Phase two focuses upon the isolation and further exploration of a particular issue (or two) that is most troubling to the client. Phase three involves defining and implementing new, or improved, patterns and ways of thinking, feeling, and/or behaving regarding that issue. Phase four is the maintenance and adjustment of those new patterns as the client works through and overcomes the potential difficulties and setbacks of living out such patterns.

Sessions between a counselor and client can be very intimate emotionally and psychologically. Client and counselor understand that the relationship will remain on a professional level rather than a personal one. Contact will be limited to the paid sessions in the office or over the phone. The client and counselor shall not engage in physical contact, socialize, give gifts to each other, nor establish any relationship other than the stated counseling relationship. Counseling sessions focus exclusively on client concerns and all interactions will be solely for the client’s benefit.

CLIENT RIGHTS: As a client, you are rightfully entitled

- To expect that the staff has met the minimal qualifications of training and experience required by state law;
- To examine public records maintained by the State and to have the State confirm credentials of staff;
- To obtain a copy of the Code of Ethics, Oregon Revised Statutes (ORS), or Washington Administrative Code (WAC);
- To report complaints to the proper authorities (i.e. WA State Department of Health; American Counseling Association; American Association of Christian Counselors, etc.);
- To be informed of the cost of professional services before receiving these services; including your right to a reduced fee schedule.
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving these services;
- To obtain permission to view your file, by way of written request stating reason(s) to the therapist
- To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the exceptions to confidentiality of information obtained in the course of services that include the following:
 - Reporting suspected abuse of a child, developmentally disabled person, or a dependent adult;
 - Reporting imminent danger to client or others, including (but not limited to) suicidal behavior or when a client is HIV positive and is unwilling to inform individuals with whom he/she is intimately involved;
 - Reporting information required in court proceedings, or by client’s insurance company, or other relevant agencies;
 - Student consultation or supervision;
 - Defending claims brought by client against therapist;
 - Client has signed a release of information authorizing said disclosure.

Therapy is understood to be a choice made by the client, among available options. Options include other centers, therapies, support groups, self-help resources, and other modes of treatment. Medical treatment may also be another viable option. The client may choose not to seek treatment at this time. If therapy is chosen, client’s symptoms may worsen before improving, fail to improve, or continue to worsen. Some clients need only a few sessions to achieve their goals, while others may require months or even years of counseling. The client has the right to terminate at any time, however, it is understood that premature termination may result in the return or worsening of the initial symptoms or problems. Clients are encouraged to talk with the counselor directly if dissatisfied with services received, desirous of a second opinion or referral, or if intending to discontinue appointments.

EDUCATION AND CREDENTIALS: I hold a Bachelors in Sociology and a Masters in Social Work. I have also been trained as a licensed clinical social worker with individual and group supervision along with post clinical work. My post graduate training has been a forensic interviewer working with abusive victims in Clackamas County and a crisis counselor at Protocall Services in Portland, OR. My most recent experience has been with patients in the inpatient medical and psychiatric setting at the hospital in Legacy Health systems. Prior to my graduate training in social work, I have over 20 years of experience in the mental health field.

I am a licensed counselor with the Washington State Department of Health and a licensed social worker with the Oregon State Board of Clinical Social Workers.. In accordance with Washington and Oregon State Laws, I participate in continuing education and training in order to further enhance the effectiveness of my counseling and facilitator skills, as well as comply with both state departments' standards. As part of my personal and professional growth, as well as ongoing commitment to improvement and integrity, I maintain weekly consultation with a group of social workers and mental health counselors for my licensure and consult with other professionals in the pastoral and counseling fields.

I practice under the code of ethics established by the National Association of Social Workers and by the National Association of Christian Counselors; by the OR and WA State Administration. I am an active member of the National Association of Social Workers.

FEES: My fees for individual therapy are based upon a sliding scale for the amount of time spent or reserved, at the rate of \$115-80 per session in the form of credit card, check or cash. Sessions are typically 50 minutes long, except initial "intake" sessions and some couples and family sessions, which are 75 minutes long and billed at 1.5 times the session amount. Rates and payment arrangements will be determined at the time of scheduling.

CANCELLATION POLICY: Clients are expected to contact the counselor at least 24 hours in advance to cancel or reschedule an appointment. Full fees may be charged for missed sessions.

EMERGENCY SERVICES: If in need of any emergency services, please go to the nearest ER hospital, call the crisis line in Clark County at 360.696.9560 or 1.800.626.8137, or call 911. When I am away from my office for an extended period of time I can arrange for substitute coverage in order to help my clients.

ACKNOWLEDGEMENT OF RECEIPT: I/We, _____, have read and fully understand the information provided to me by Esther Kim in her Professional Disclosure Statement. I have asked questions I have had about these policies. I consent to therapy from Esther Kim, MSW under the terms described above. if my child is the client, I authorize Ms. Kim to use personal health information for treatment, payment, and health care operations. I understand that I can cancel this consent at any time by informing Ms. Kim.

Client/Guardian Signature

Client/Guardian Signature

Esther Kim, MSW, LICSW, LCSW

Date